

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 29, 2024

[REDACTED]
SYCAMORE ESTATES, LLC
[REDACTED]

RE: SYCAMORE ESTATE PERSONAL
CARE RESIDENCE
717 DUQUESNE BLVD
DUQUESNE, PA, 15110
LICENSE/COC#: 45450

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SYCAMORE ESTATE PERSONAL CARE RESIDENCE License #: 45450 License Expiration: 06/08/2024
 Address: 717 DUQUESNE BLVD, DUQUESNE, PA 15110
 County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: SYCAMORE ESTATES, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/14/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/01/2024

Inspection Dates and Department Representative

02/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 49 Residents Served: 33

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 31
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

02/01/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2024

02/16/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2024

Inspections / Reviews (*continued*)

02/21/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/28/2024

02/29/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], one tablet by mouth once daily. However, on [redacted] resident [redacted] was not administered the [redacted].

Resident [redacted] is prescribed [redacted], one capsule by mouth twice daily. However, the [redacted] capsule was not administered to resident [redacted] as follows:

- [redacted]
- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted], one tablet by mouth twice daily. However, the [redacted] tablet was not administered to resident [redacted] as follows:

- [redacted]
- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted], one half tablet by mouth once daily. However, on [redacted] resident [redacted] was not administered the [redacted]

Resident [redacted] is prescribed [redacted] [redacted] four times daily. However, the [redacted] was not administered to resident [redacted] four times daily to include:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted], [redacted] by mouth once daily. However, the [redacted] was not administered to resident [redacted] as follows:

- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted] once daily. However, the [redacted] was not administered to resident [redacted] as follows:

- [redacted]
- [redacted]

187d - Follow Prescriber's Orders (continued)

Resident [REDACTED] is prescribed [REDACTED] by mouth once daily. However, the [REDACTED] was not administered to resident [REDACTED] as follows:

- [REDACTED]
- [REDACTED]

Resident [REDACTED] is prescribed [REDACTED], take [REDACTED] by mouth once daily. However, the [REDACTED] was not administered to resident [REDACTED] as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident [REDACTED] is prescribed [REDACTED], take by mouth one tablet daily. However, the [REDACTED] tablet was not in the home to administer to resident [REDACTED] for dates ranging from [REDACTED] through [REDACTED]

REPEAT VIOLATION 9/19/23 et. al.

Plan of Correction

Accepted [REDACTED] - 02/21/2024)

Once we reviewed the EMAR comments made by the departments surveyors we realized there were recording issues for Residences [REDACTED] and [REDACTED]. We contacted both Health Direct (our house pharmacy) who provided the program by SMART to discuss modifications. We also were directed to [REDACTED] from Tabula pro, who is also the developer of the SMART program. With the assistance from [REDACTED] [REDACTED] was able to see why we were being restricted from notating "Late Med Pass" or "refused to take" with comments including time of dispensing, and a short reason for late pass, or refuse to take. [REDACTED] fixed time windows from [REDACTED] to [REDACTED] and the same for PM time windows. We are able to setup AM and PM time windows to follow doctors orders. This will allow us to make adjustment for residents who require special times due to a various reasons. The update in the programming allows for more documentation IE: out with family, illness or sleeping, etc in the pull down menu.

Resident [REDACTED] was signed out for 4 days and was provided [REDACTED] medication in roll packs for four days. Unfortunately, resident [REDACTED] just had a recent medication change in which we need to provide the complete card of their one medication. [REDACTED] returned without this card which was on a Friday. Efforts were made to retrieve this missing medication but to no avail. The medication was Re-ordered on the following Monday with a doctors order.

Our plan of correction is to special order any medication that requires to be taken from the house that is in card format to be placed in a roll format so individual doses can be taken by the resident.

Additional Medication documentation training will be held on [REDACTED] at [REDACTED] for all medication techs. This will include the recent modifications added to SMART, in addition we will review past medication reviews as well as review of this and past violations. the documentation of the training as well as a sign in sheet and the agenda of the training will be maintained in the office for review.

Directed The documentation will be monitored by checking [REDACTED] random residents each day for one week then [REDACTED] residents weekly there after by the administrator, documentation of the checks will be kept in the office for review this monitoring check was started on 02/19/2024.

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented [REDACTED] - 02/29/2024)

221a - Program Activities

2. Requirements

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

The home does not have a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community. Staff interviews indicated that the home's posted activity schedule is documented and signed by the provider of the activity on the date of the activity and not posted in advance.

Plan of Correction

Accepted [REDACTED] 02/16/2024)

Activities Program. The Administrator or designee will coordinate an activities program documenting a variety of activities both in house and those provided by outside agency's. We will post the schedule for resident review in the great room at minimum 1 week prior to the beginning of each week, Our schedule will be setup in a monthly format and will continue to be developed throughout the month. We will meet the requirement of one week in advance. The reason for this rolling approach is our outside activities that support our program are sometimes short order notices and we want the flexibility to adjust and not limit any meaningful activities.

If activities are added they will be posted for resident view as soon as they are made available.

We provide a variety of self guided activities in our Carnegie Room including Word puzzles, number puzzles, coloring, craft packets, jigsaw puzzles, board games and card games. The card club and chess group meetings will be added to the activities schedule as well.

In addition each resident will receive a specialized birthday meal and cake or desert of their choice for all of the residents to share which is an activity in itself.

The designee and the administrator will review the weekly activities to ensure the activities scheduled will be carried out and then maintain the schedules for review in the office.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 02/29/2024)